

I. Name of Lobbyist(s) _____

STATE OF NEW HAMPSHIRE

2019 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

Robert Clegg, Debra Vanderbeek, Periklis Karoutas

PLEASE PRINT

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APR 15 2019

NEW HAMPSHIRE DEPARTMENT OF STATE

	tive Solutions, I			
(Name of	partnership, firm o	corporation)		
P.O.	Box 10724	Bedford	NH	03110
Business Address: (Street)		(Town/City)	(State)	(Zip Code)
6V3) <u>986-9145</u>	()	e-mail dbeel	k@aol.com
(Telephone)		(Fax)		
II. This statement covers eportable expense transa				ou may file a separate report
All reportable transaction	ons occurring in t	he months prior to t	he reporting date relative	to the following client:
		alition Against the		
			byist Registration Form)	
<u>OR</u>		• •	,	
All reportable transaction unrelated to any particular of		t (including the lobl	pyist's family), or the lob	bying firm listed below which
V. Date of Report Ap	oril 24, 2019 🔀		July 31, 2019	
	om date of registra.		activity from 4/1/19 to 6/.	
	tober 30, 2019 [ity from 7/1/19 to 9		January 29, 2020 activity from 10/1/19 to	
V. There have been no if this box is checked, comp Concord, NH 03301.				ice the last report. Quadratic House, Room 204,
VI. Check if additional re	ports are attach	ed:		
If you have received fe	- es or made expen	ditures, you must fi	le Addendum A– Fees a	nd Expenses
If you have paid an hor Expense Reimbursement	norarium or reimb	oursed expenses, you	u must file Addendum B	- Report of Honorariums or
☐ If you, your firm, or yo	ur family has ma	de political contribu	tions, you must file Adde	endum C– Political Contribut
Sworn Statement/Affirma I have read RSA 15, RSA I and complete to the best of	5-B, RSA 14-C a	and RSA 664 and he	reby swear or affirm that	the foregoing information is t
Kobytt	un		April 9, 2019	
(Signature of lobbyist)	7 /			(Date)
Robert Clegg	- -			
(Print Name of lobbyist)				

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STATE OF NEW HAMPSHIRE



Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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NEW HAMPSHIRE

1. Name of Lobbyist(s)	Robert Clegg, Debra Vanderbeek, Periklis	s Karoutas
11. Name of lobbyist's pa	rtnership, firm or corporation, if any:	
	Legislative Solutions, L.L.C.	
(Name of pa	rtnership, firm or corporation)	
III. Name of Client New H	lampshire Coalition Against the Death Penalt	Date April 9, 2019
to lobbying, including fees	f all fees received from the client identified above for services such as public advocacy, governmenting legislation, and related legal work. The graph of the properties of t	nt relations, or public relations service
a) Total of all fees received	in this reporting period	a) \$ 20,283.95
•	d this calendar year, prior to this reporting period otal of all prior monthly reports for this calendar y	b) \$ <u>0</u>
c) Total of all fees received (Add lines a and b)	to date	c) \$ 20,283.95
d) Indicate the amount of a yet been paid	ny such fees that are due, but have not	d) \$
fees. Separate reports are the lobbyist(s)/firm that are Expenses are to be reported during the reporting period individual expenses where the lunch where the cost was \$2 being lobbied, purchase of a (c) an itemized statement of any purpose not covered by ceremonial object to be given restaurant expenses for a local statement of a local statement of the stateme	erships, firms, or corporations are required to re to be filed for expenditures made relative to each e unrelated to any one client a separate report d in one of three categories of expenses: (a) the for salaries, benefits, support staff, and office each expenditure was of \$25.00 or less (for example 25.00 or less, purchase of a pen with a value of leach individual expenditure made during this report (a) (for example: purchase of a meal with value of the subject of lobbying with a value great egislative reception). Expenses for honorariums and on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm he aggregate total of all expenses parexpenses; (b) the aggregate total of able: meals purchased during a business than \$10 that is given to the personed with a value of \$25.00 or less); are porting period of greater than \$25.00 follow of greater than \$25, but not greater than \$50, expense reimbursement, or politic
	s for this reporting period for salaries, benefits, enses, related directly or indirectly to lobbying.	a) \$ 20,283.95
b) Total aggregate of expension a), of \$25 or less.	ditures during this reporting period , not reported	b) \$ 0

c) Total of all itemized expenditures reported in detail in section VI.

c) \$ 0

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 20,283.95
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>0</u>
f) Total of all expenses year to date	ŋ \$ <u>20,283.95</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from I period, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
·	\$
<u>. </u>	\$
	\$
	\$
	\$
Santa Santa and ASS and the Labbrica	
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	m that the foregoing information
Art (ly)	April 9, 2019
(S/gnature of lobbyist) Robert Clegg	(Date)
(Print Name of lobbyist)	

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State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.		
			corporation and not related to any		
particular client):	New Hampshire Coalition Against the Death Penalty				
Date of Report (check	one):				
April 24, 2019	July 31, 2019 🗀	October 30, 2019 □	January 29, 2020 □		
			nd Expenses described above, and umber of Addendum forms being		
X_ Addendum A((s).				
Addendum B(s).				
Addendum C(s).				
complete to the best o	f my knowledge and be	lief	nt and each Addendum is true and		
(Signature of lobbyist) (•	(Date)		
Debra Vanderbeek					
(Print Name of lobbyi	st)				

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying pa	rtnership, firm, or corpo	oration: Legislative Solutio	ns, L.L.C.
Name of Client (leave	blank if Statement is fo	or the partnership, firm, or	corporation and not related to any
particular client): New Hampshire Coalition Against the Death Penalty			
Date of Report (check	(one):		
April 24, 2019 🙇	July 31, 2019 □	October 30, 2019 🗆	January 29, 2020 □
			nd Expenses described above, and umber of Addendum forms being
Addendum A	(s).		
Addendum Bo	(s).		
Addendum Co	(s).		
	rm that the foregoing ir f my knowledge and be	lief.	nt and each Addendum is true and
(Signature of lobbyist)		(Date)
\mathcal{U}			
Periklis Karoutas			
(Print Name of lobby	st)		